

**Local Government Finance Act 1992 – Council Tax
Application for disabled person’s Council Tax band reduction**

To allow us to consider this please complete the enclosed application and return it with any documents required to the address shown below.

To qualify for a reduction at least one of the following must be a feature of the home and be used by a person with a disability who lives in the property:

- A room other than a bathroom, kitchen or lavatory. An example would be a room used for medical equipment.
- An extra bathroom or kitchen built especially to meet the needs of the disabled person
- Adaptations to the property so that there is sufficient space for a wheelchair

We will need to inspect the property to confirm that it meets the requirements for a Council Tax reduction, this can be arranged once we have received the completed enclosed form.

Please note that until your application has been processed and you have received notification from us that it has been successful, you should continue to pay your Council Tax as shown on your last bill.

Application for Disabled Person's Reduction

1 **Applicant details** (Person liable to pay the Council Tax)

Name and address:

Daytime telephone number:

2: **Disabled person** (the disabled person must be living in the property for which a reduction is being requested)

Name and address if different from above:

3: **Grounds for application**

Is there:

(i) a room which is predominantly used by and required for meeting the needs of the disabled person? YES / NO

If the answer is 'Yes' to this question, please describe the purpose of the room and state why a separate room is required:

(ii) a second bathroom or kitchen required for meeting the needs of the disabled person? YES / NO

(iii) a wheelchair which is required to be used indoors by the disabled person? YES / NO

Declaration: The information given on this form is correct. I agree to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Name _____ Signature _____ Date _____